

Name
in
Full

Ross Appleby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hidden</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>1</i>	Day	<i>16</i>
Age	<i>—</i>	Years	<i>1</i>	Months	<i>14</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Hidden Md</i>
Occupation	<i>—</i>				
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Marion L. Appleby</i>			Father's Birthplace <i>Montgomery Md</i>		
Mother's Maiden Name <i>Erine Timothy</i>			Mother's Birthplace <i>Manchester Eng.</i>		
Name of person giving information <i>M. L. Appleby</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

(89) ✓

PHYSICIAN
OR CORONER

Primary	<i>Fracture</i>	How long	<i>since birth</i>
Immediate	<i>Bronchitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Smith M.D.</i>	
		Address <i>Fresh Green</i>	
Accident or Suicide?			



2

Name
in
Full

William McGregon Ash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

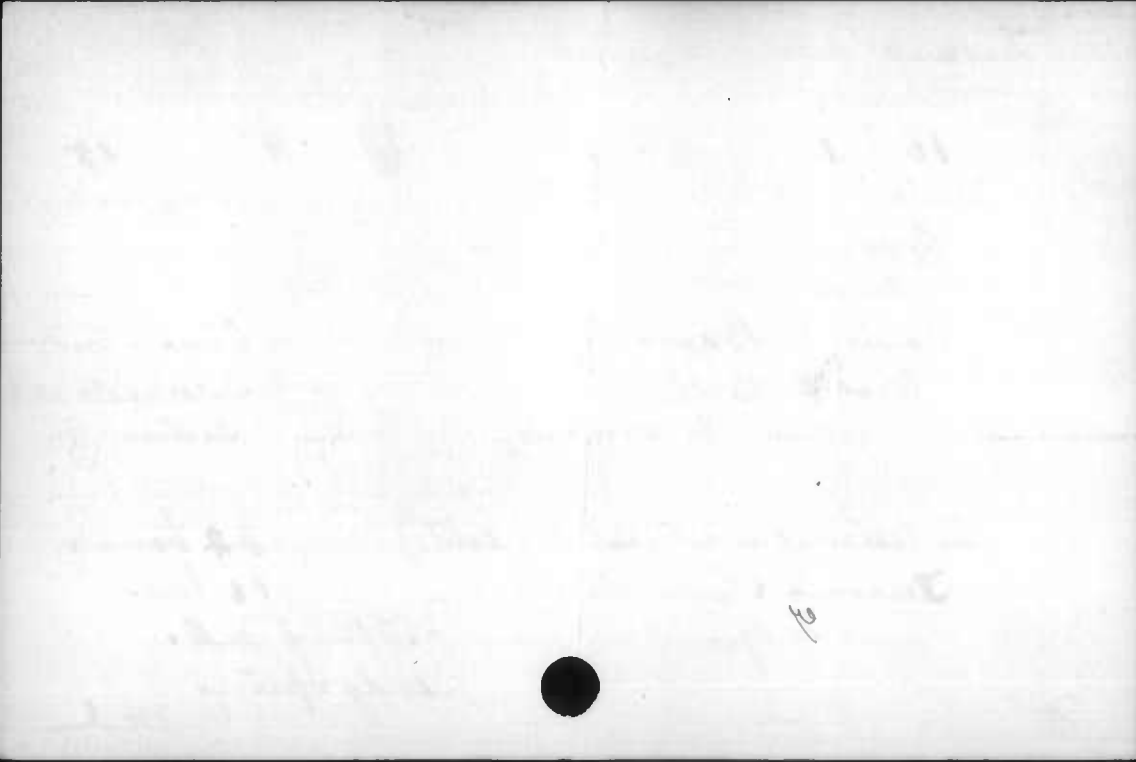
Died at <i>Hoodside</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>26</i>	Age <i>64</i>	Months <i>6</i>	Years	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>Department Clerk</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sophia Donaldson Singler</i>					
Father's Name <i>Joseph Ash</i>			Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Elizabeth McGregon</i>			Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>Sophia Ash</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Aortic</i>	How long	<i>Several yrs.</i>
Immediate	<i>Syncope</i>	How long	<i>A few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. T. Brown</i>	
<i>Yes.</i>		Address <i>Silver Spring</i>	
Accident or Suicide?			



Name
in
Full

Frederick Alton Bamraley.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Alney

Month

1

Day

22

Age

Years

Montgomery Co

Months

9

Days

18

Date

of death 1960

Sex

Male

Color or
Race

N. Lite

Birth-
place

Alney Md.

Occupation

Ingenit

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Louis H. Bamraley

Father's
Birthplace

Alney Md.

Mother's
Meiden Name

Eva V. Bell.

Mother's
Birthplace

Sutonsville Md

Name of person giving
Information

Louis H. Bamraley.

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Indigestion (Acute)

How long

24 hours.

Immediate

Toxemia & Convulsions

How long

10 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

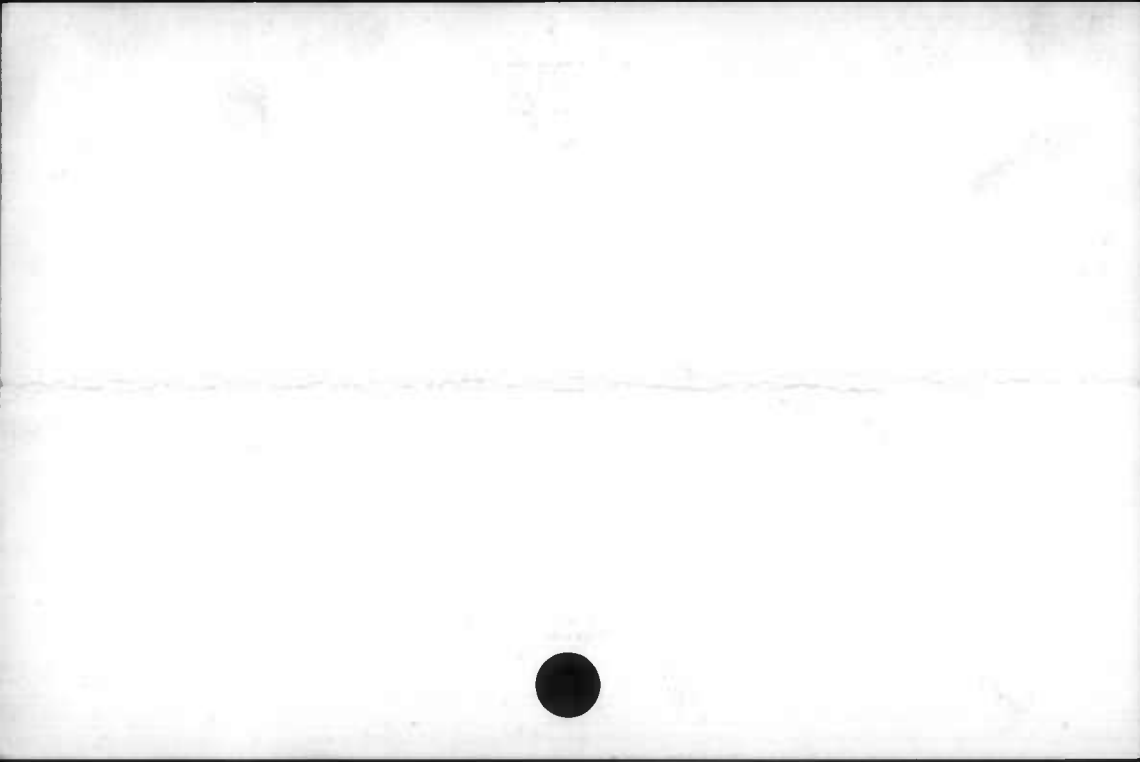
Address

J. H. Bird M.D.

Sandy Spring Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

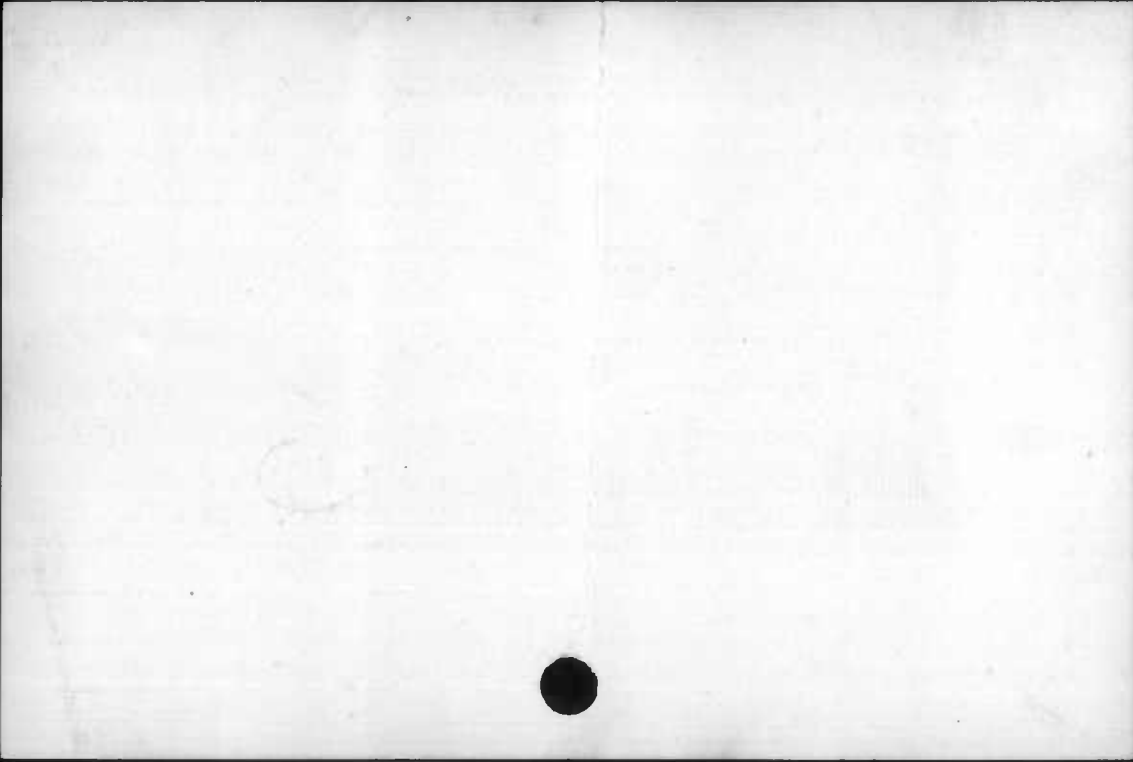
Died at <u>Belleville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND		
Date of death	<u>1910</u> <small>Year</small>	<u>Jan</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>87</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>md.</u>	
Occupation	<u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>John Bean</u>			Father's Birthplace	<u>md.</u>	
Mother's Maiden Name	<u>Rachael Barnes.</u>			Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Eugene Bean</u>			How related to deceased	<u>Nephew</u>	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>30 hrs.</u>
Immediate	<u>Sex Paralysis</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. F. Brown</u>	
Accident or Suicide?		Address	
		<u>Silver Spring</u>	
		<u>Md.</u>	



Name in Full		William E. Bellous				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Sandy Spring		County Montgomery		State MARYLAND
	Date of death		Month Jan	Day 3	Age 27	Years —	Months 4
	Sex Male		Color or Race Colored		Birth-place Ashton Md		
	Occupation Farm hand		Where Residing if not at place of death —				
	Married, Single or Widowed Single		Name of Wife or Husband —				
	Father's Name Singelton Bellous				Father's Birthplace Ashton Md		
	Mother's Maiden Name Sarah Agnes Bellous				Mother's Birthplace " "		
Name of person giving information Wm. W. Moore Jr		How related to deceased Employer					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Gastritis				How long 10 days
	Immediate		Heart Exhaustion				How long Short time
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. M. Daddings		
					Address Sandy Spring Md		
Accident or Suicide?		—					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

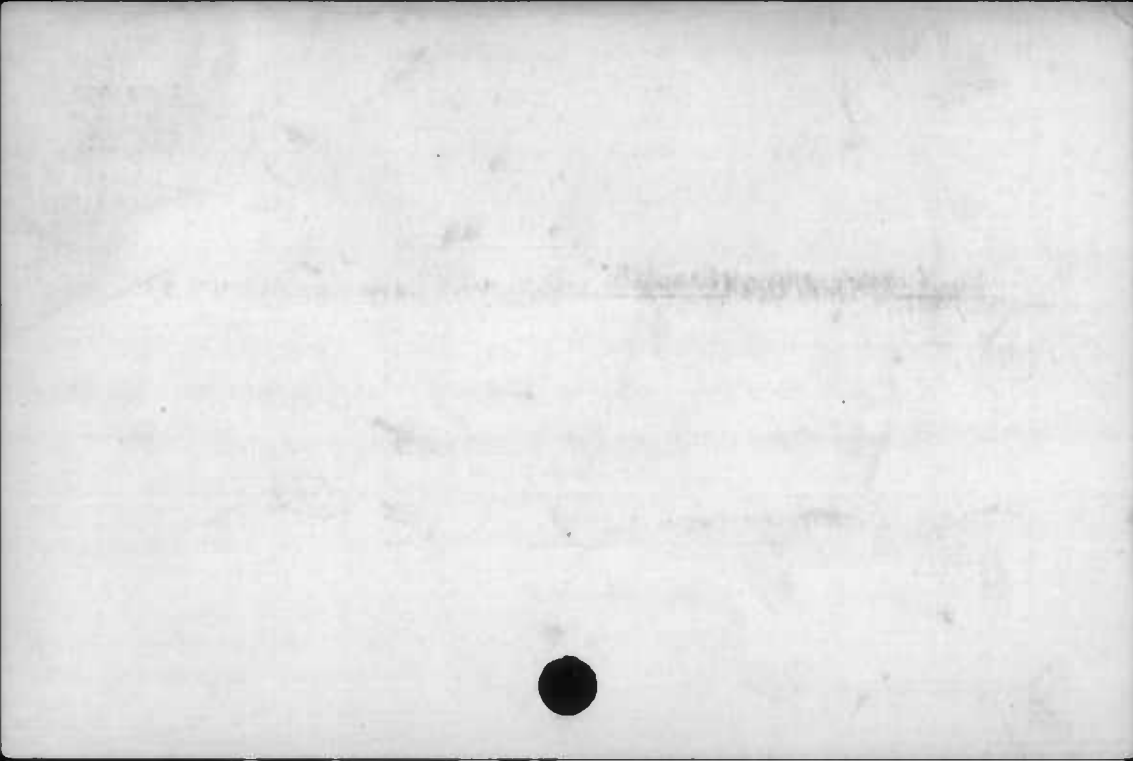
Died at <i>London</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>19</i>	Age <i>84</i>	Months <i>5</i>	Days <i>8</i>
Sex <i>f</i>	Color or Race <i>white</i>		Birth-place <i>London, Eng</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband <i>Adolph M. Briggs</i>				
Father's Name <i>Thomas Wilcock</i>	Father's Birthplace <i>London Eng.</i>				
Mother's Maiden Name <i>Mary Ann Wilcock</i>	Mother's Birthplace <i>London Eng.</i>				
Name of person giving information <i>Grace E. Briggs</i>	How related to deceased <i>Granddaughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>7 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Takoma Park D.C.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry B. Burbage

Town *Washington Grove* County *Montgomery*

Died at *Washington Grove*

Date of death *1960* Month *1* Day *16* Age *45* Years Months *4* Days *7*

Sex *Male* Color or Race *White* Birth-place *New Church, Va*

Occupation *Clerk* Where Residing if not at place of death *Newport News*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Simrall*

Father's Name *John H.* Father's Birthplace *Not*

Mother's Maiden Name *Maney Payne* Mother's Birthplace *Not*

Name of person giving Information *Mary Burbage* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* How long *several years*

Immediate *Pulmonary tuberculosis* How long *several years*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John H. Lindsey* Address *Stamant Station Washington Grove, Md*

Accident or Suicidal *Apparently no*



Name
in
Full

John Walter Carroll
Town
Potosi.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death 190

Month JAN 6 - Day 1910

Age

Years 68

Months X

Days X

Sex

Male

Color or
Race

White

Birth-
place

Montgomery Md.

Occupation

Farmer

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married.

Name of Wife or
Husband

Laura Rebecca Thrift

Father's
Name

Mathias Addison Carroll

Father's
Birthplace

Prince George Co. Md.

Mother's
Maiden Name

Susanne Henrietta Cook

Mother's
Birthplace

Prince George Co. Md.

Name of person giving
Information

Mathias A. Carroll

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Cirrhosis of the Liver

How long

17 years.

Immediate

Ascites and Immobility

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. J. Pratt.

Address

Potosi. Md.

Accident or Suicide

X

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary L Carter

CERTIFICATE OF DEATH

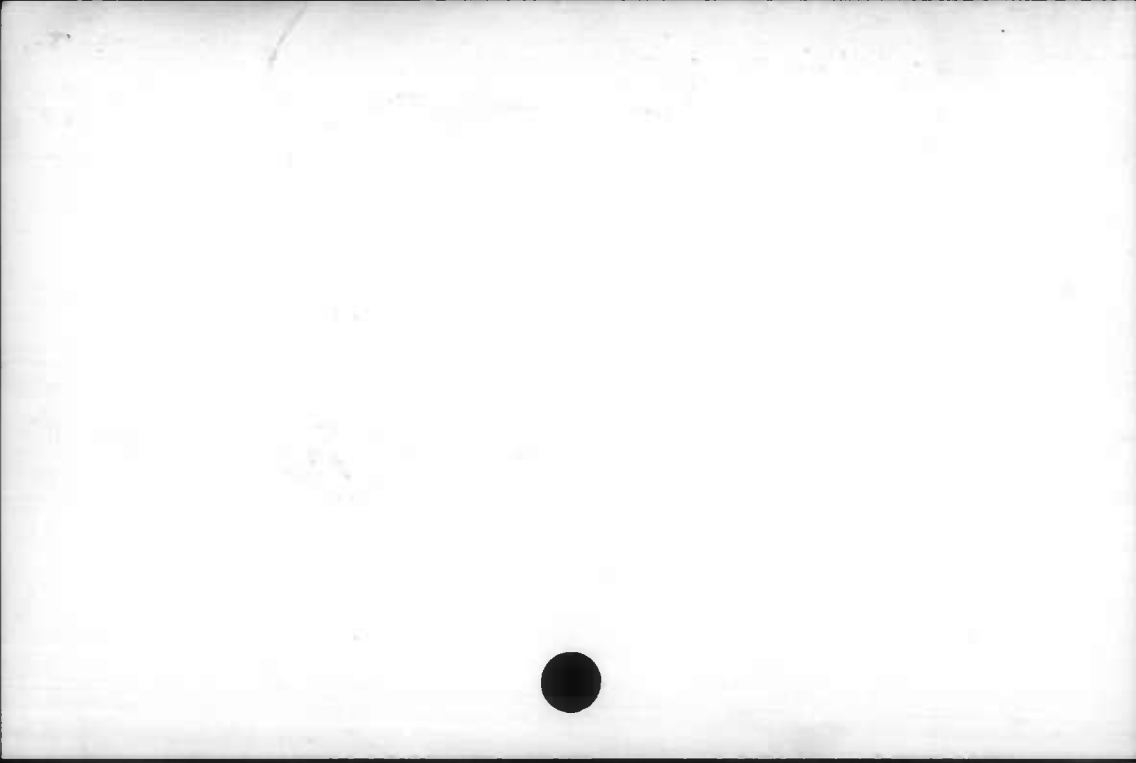
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laytonsville	County Montgomery	MARYLAND	
Date of death	1960	Month Jan	Day 29	Age 38	Years Months Days
Sex Female	Color or Race Colored		Birth- place Montgomery Co		
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband George Carter			
Father's Name	Matthew Dyson		Father's Birthplace Montgomery Co		
Mother's Maiden Name	Larch Davis		Mother's Birthplace " "		
Name of person giving Information		Eliza J. Snowden		How related to deceased Aunt	

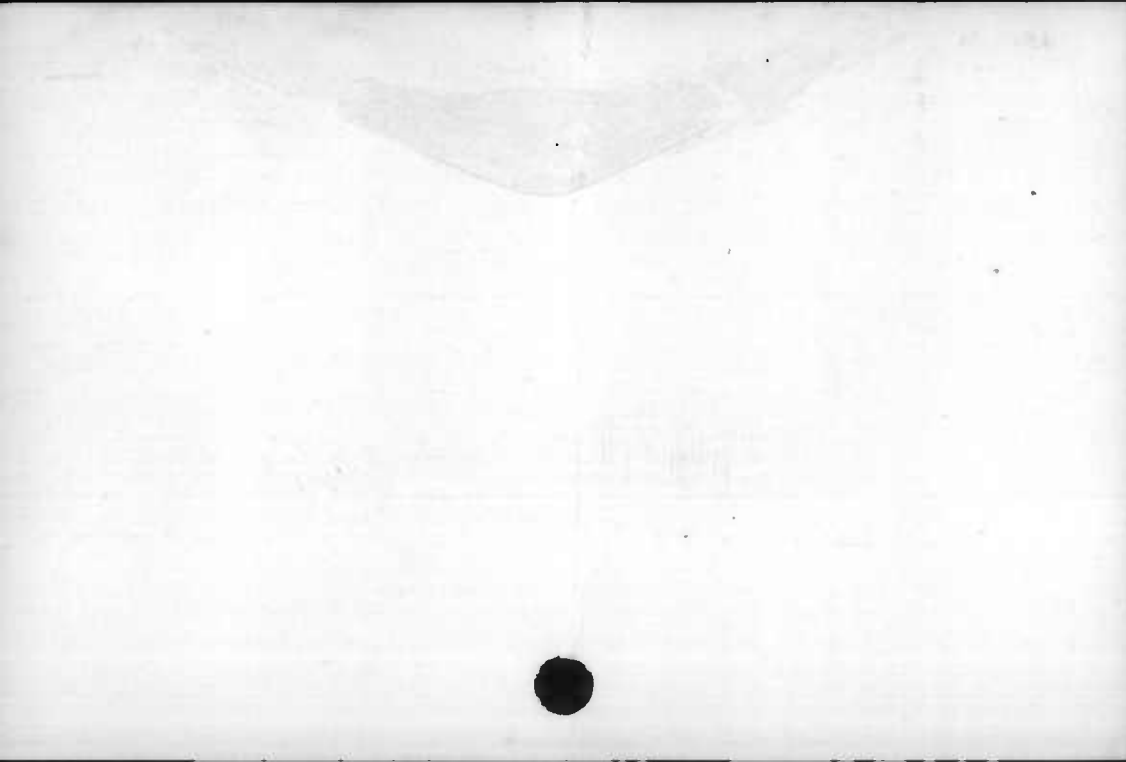
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suppurative Endometritis	How long	one month
Immediate	Peritonitis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Vernon H. Dyson
yes		Address	Laytonsville Montgomery Co
Accident or Suicide			



Name in Full		Florence Virginia Cassel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Towland</i>		Town <i>Montgomery</i>		County		MARYLAND
	Date of death <i>1900</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>35</i>	Years	Months <i>10</i>	Days <i>3</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		
	Occupation <i>None</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Clifton Cassel</i>				Father's Birthplace <i>Md.</i>		
	Mother's Maiden Name <i>Mary Virginia Sharding</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hyde Hopkins</i>				How related to deceased <i>Uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>				How long <i>3 yrs</i>		
	Immediate <i>"</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>W. J. Brown</i>		
	<i>Yes</i>				Address <i>Silver Spring Md</i>		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah M. Chapin* Town *Kinscussion* County *Mmzjt* MARYLAND

Died at *Kinscussion*

Date of death 19*10* Month *Jan* Day *25* Age *80* Years *11* Months *25* Days

Sex *Female* Color or Race *white* Birth-place *England*

Occupation *None* Where Residing if not at place of death *same*

~~Maiden, Single or Widowed~~ *widow* Name of Wife or Husband *Henry Chapin*

Father's Name *George Mallalieu* Father's Birthplace *England*

Mother's Maiden Name *Anne Mallalieu* Mother's Birthplace *England*

Name of person giving Information *Chas E. Brommshoff* How related to deceased *Not at all*

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary *Sa Grippe* How long *10 days*

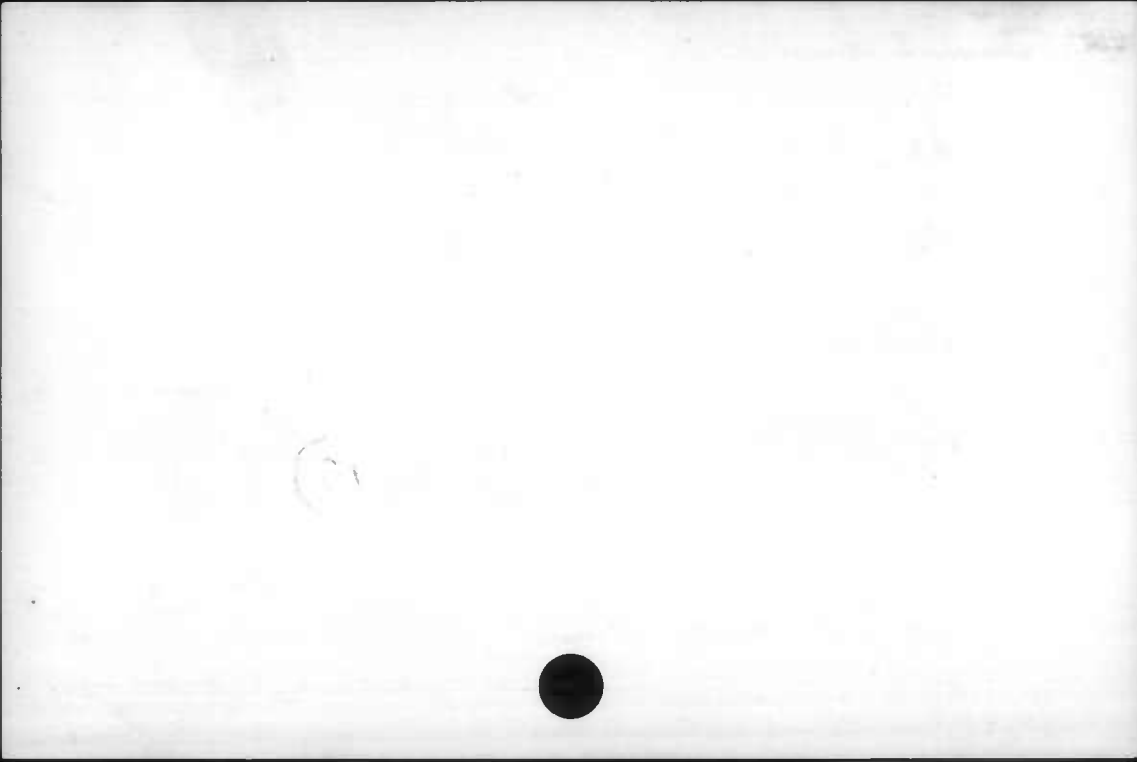
Immediate *Pneumonia + asthma* How long *6. days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Lewis M D*

Address *Kinscussion Md*

Accident or Suicide *no.*



Name
in
Full

Ireia J. Claggett.

CERTIFICATE OF DEATH

Died at Brookville Town Montgomery Co County MARYLAND

Date of death 1900 1 Month 24 Day 65 Years 9 Months 14 Days

Sex Female Color or Race White Birth-place Rockville Md

Occupation Home Where Residing if not at place of death —

~~Married~~, Single
~~or Widowed~~

Name of Wife or
Husband —

Father's Name Thomas Claggett.

Father's Birthplace Sears.

Mother's Maiden Name Jane Maria Claggett

Mother's Birthplace Georgetown D. C.

Name of person giving Information Mrs. Georgette Holland

How related to deceased Sister.

CAUSES OF DEATH

Primary Lobar Pneumonia.

How long 4 days

Immediate Heart Failure

How long 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

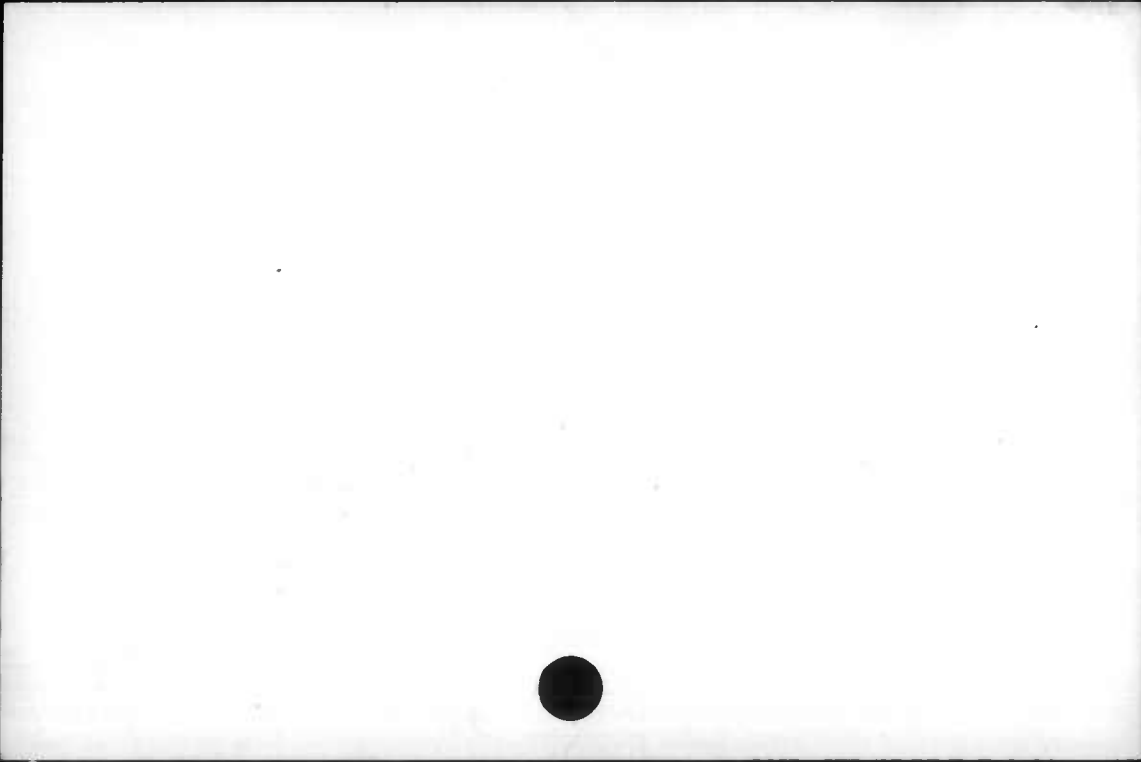
Signature of Physician

Address

J. H. Bird M.D.
Sandy Spring,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Kensington* Town *Clark* County *Montgomery* MARYLAND
Date of death 19*60* Month *Jan* Day *31* Age *—* Years *—* Months *—* Days *1 hr*
Sex *Female* Color or Race *white* Birth-place *MD*
Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Don L. Clark* Father's Birthplace *MD*
Mother's Maiden Name *Betty Horndy* Mother's Birthplace *MD*
Name of person giving Information *D. L. Clark* How related to deceased *Father*

CAUSES OF DEATH

Primary *Premature birth - 6 mo.* How long *—*
Immediate *Asphyxia* How long *1 hr*

Are the name, age, sex, color, date and place correctly given above? *yes*

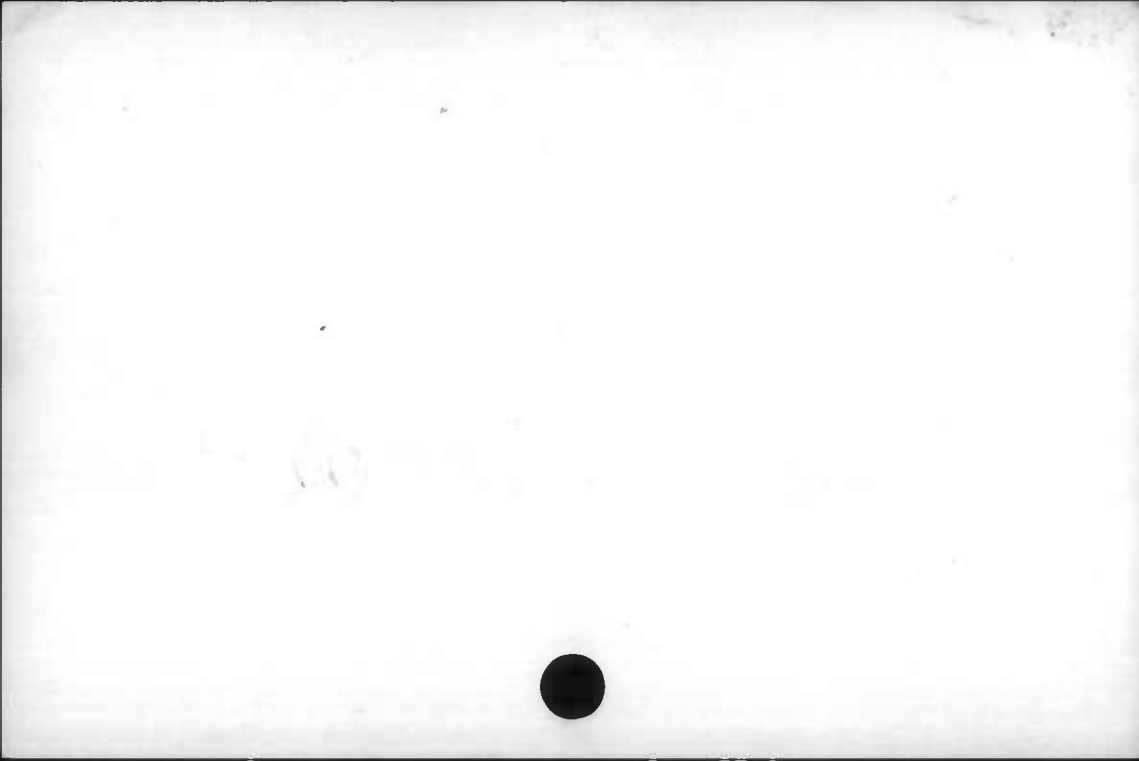
Signature of Physician

Address

W. L. Davis
Kensington

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Mary M. Crane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Randolph		County Maryland		MARYLAND	
Date of death		1960	Month January	Day 3rd	Years 75	Months X	Days X
Sex Female		Color or Race White		Birth-place Md			
Occupation None		Where Residing if not at place of death X					
Married, Single or Widowed Widow		Name of Wife or Husband David Crane					
Father's Name David Crane		Father's Birthplace Md					
Mother's Maiden Name David Crane		Mother's Birthplace Md					
Name of person giving Information Joe Carter		How related to deceased Daughter					

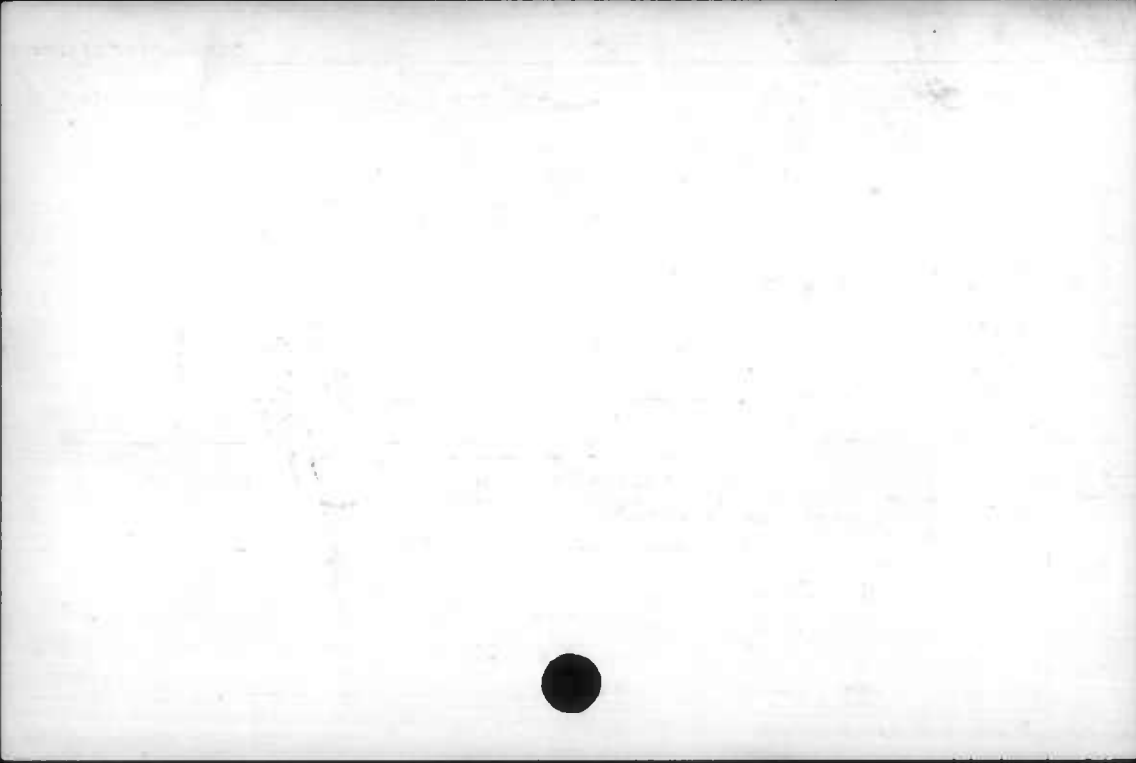
CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	Subraculosis.	How long	27 ✓
Immediate	Exhaustion	How long	X
Are the name, age, sex, color, date and place correctly given above?		7 ✓	
Signature of Physician		O. M. Linticum	
Address		Roadrunner	
		Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gaithersburg</u> ^{town} <u>MD</u> ^{County}		MARYLAND	
Date of death 19 <u>90</u> ^{Month} <u>Jan</u> ^{Day} <u>10</u> ^{Years} <u>67</u> ^{Months} <u>8</u> ^{Days} <u>24</u>	Age <u>67</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Gaithersburg MD</u>	
Occupation <u>Retired Merchant</u>	Where Residing if not at place of death. <u>Gaithersburg</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amanda E Dorly</u>		
Father's Name <u>Edwin Dorly</u>	Father's Birthplace <u>Not Known</u>		
Mother's Maiden Name <u>Sarah Holland</u>	Mother's Birthplace <u>Not Known</u>		
Name of person giving Information <u>Ira Dorly</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Rheumatism</u>	How long <u>5 years</u>
Immediate	<u>Exhaustion</u>	How long <u>1 Week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. C. Atchison</u>
		Address <u>Gaithersburg MD</u>
Accident or Suicide <input checked="" type="checkbox"/>		



Name
in
Full

Sarah Elizabeth Darby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

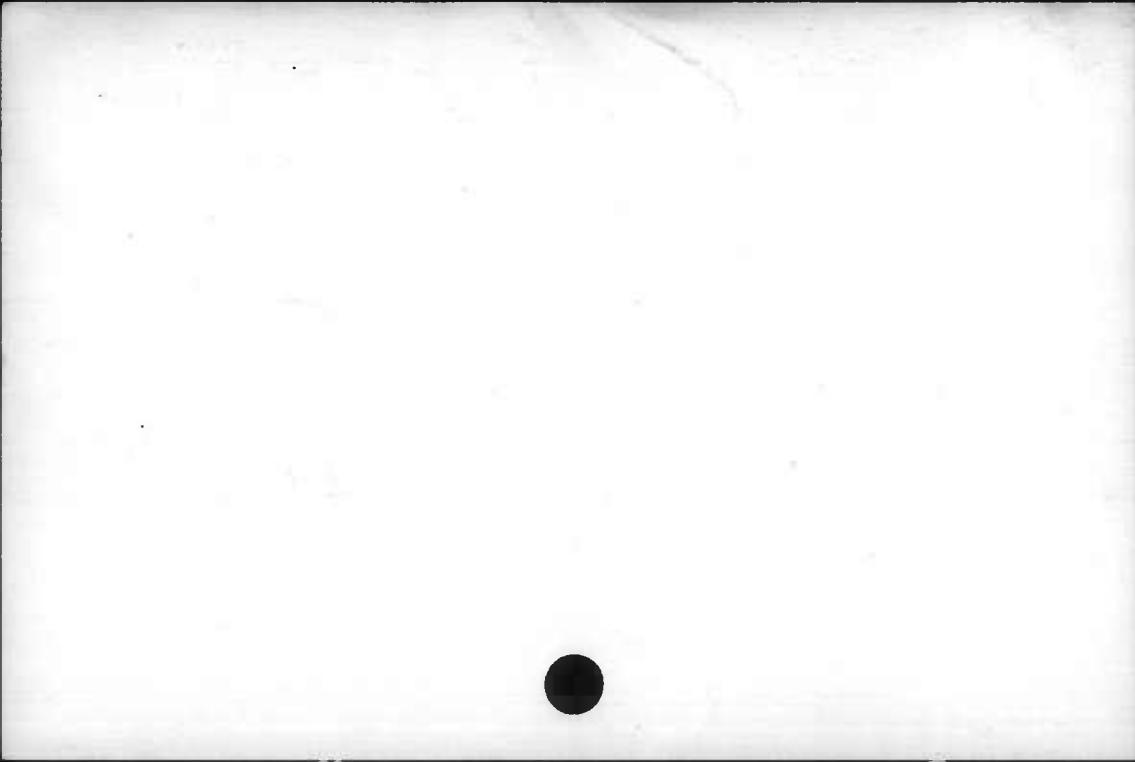
Died at		Town Woodfield		County Montgomery		MARYLAND	
Date of death		Month Jan	Day 28	Age 1 3/4		Months	Days
Sex Female		Color or Race White		Birth-place Montgomery			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Robert S Darby				Father's Birthplace Montgomery Co			
Mother's Maiden Name Lillian Virginia Duvall				Mother's Birthplace " "			
Name of person giving Information Lillian Virginia Darby				How related to deceased Mother			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Pregnant Birth not advanced to more than 6 1/2 months	How long	more than 6 1/2 months
Immediate	caused by mother having Pneumonia	How long	1 3/4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J H Dyeon	
Address 8		Address Lan Townville Montgomery Co	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna P. Hays

Died at *Rockville* ¹ TownCounty *Montgomery*

MARYLAND

Date
of death *1960*Month *1*Day *11*Age *76* YearsMonths *—*Days *—*Sex *Female*Color or
Race *White*Birth-
place *Montg. Co., Md*

Occupation

*Housewife*Where Residing if not
at place of death *X*Married, Single
or Widowed *Widowed*Name of Wife or
Husband *Edward L. Hays*Father's
Name *Henry B. Waring*Father's
Birthplace *Georgetown D.C.*Mother's
Maiden Name *Rechel Clapper*Mother's
Birthplace *Baltimore Md.*Name of person giving
In formation *Josephine Waring*How related
to deceased

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary

Cancer of stomach + intestines

How long

Two years

Immediate

Exhaustion

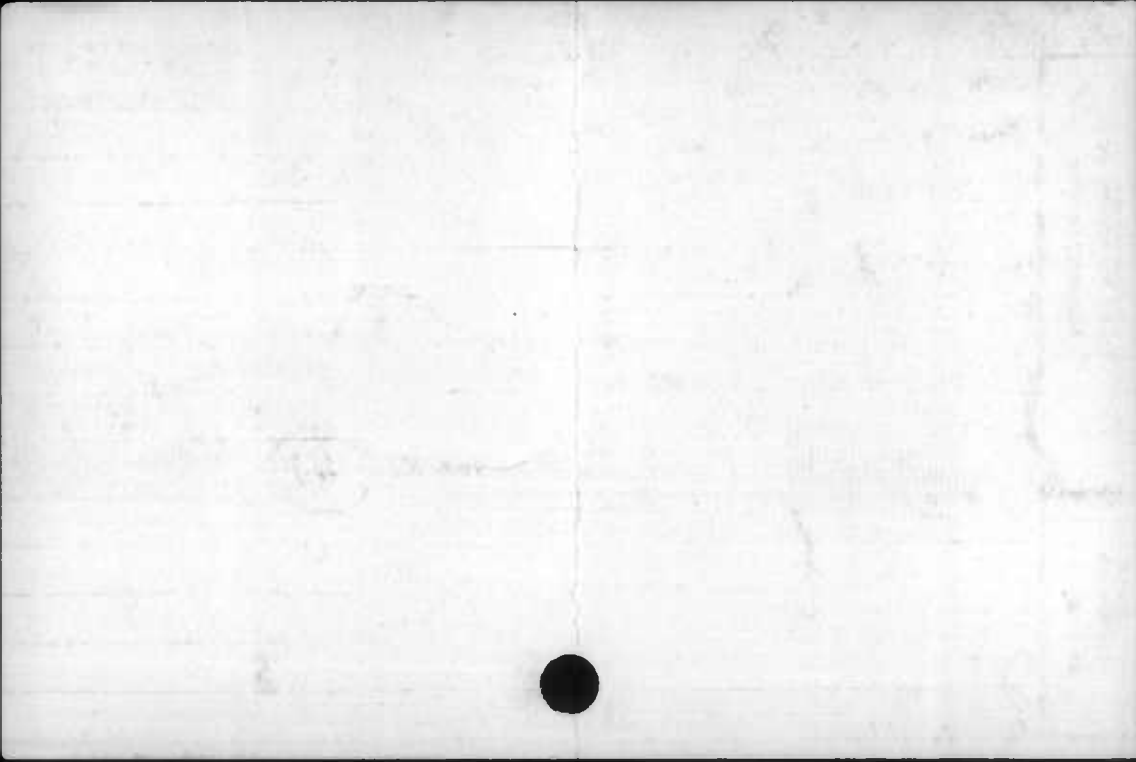
How long

*One week*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Edward Anderson M.D.*

Address

Rockville, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Emma Johnson
Hindley

County

Montgomery

MARYLAND

Date
of death 19

00

Month

January

Day

31

Age

Years

17

Months

10

Days

2

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ed. Johnson

Father's
Birthplace

Va

Mother's
Maiden Name

Maggie Johnson

Mother's
Birthplace

Va

Name of person giving
Information

Albert Harris

How related
to deceased

no relation

CAUSES OF DEATH

Primary

Tuberculosis of the lungs

How long

one year

Immediate

Tuberculosis lungs

How long

One year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

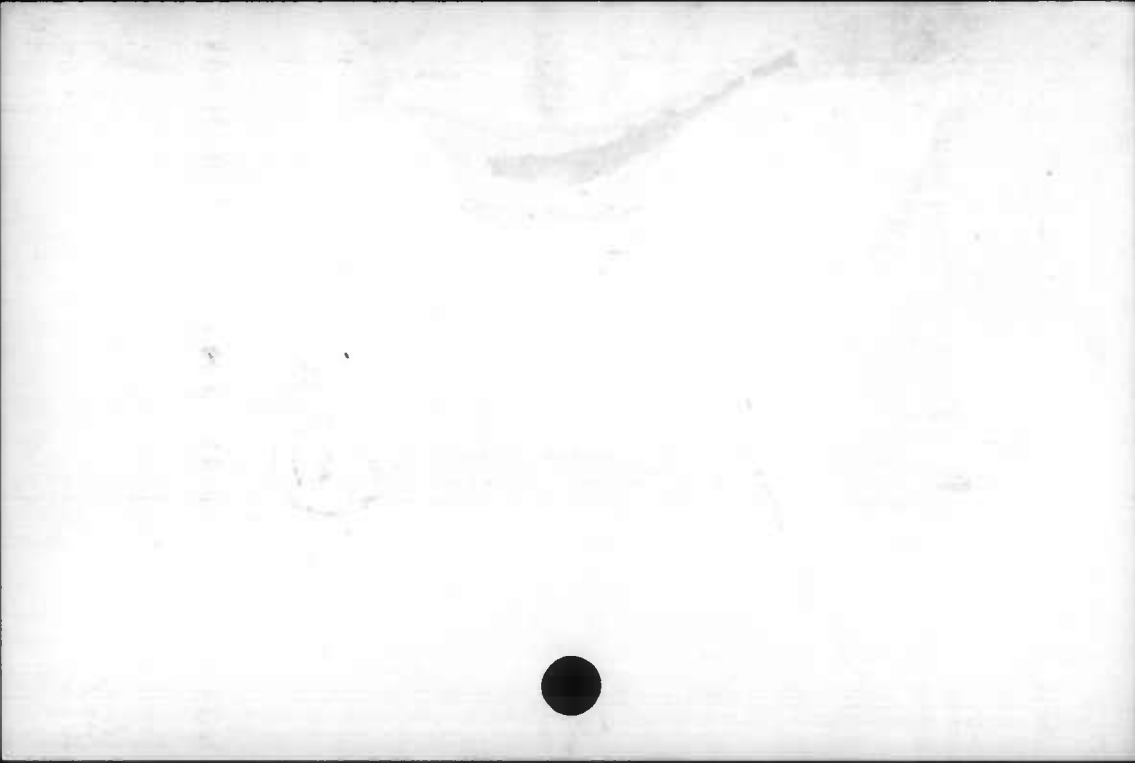
Address

Eugene Jones
Kilbuckton

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Aloysius J. Gouvenal
 Died at *Dakoma Park* Town *Montgomery* County
 Date of death *1900 Jan 14* Age *29* Months *—* Days *—*
 Sex *M* Color or Race *white* Birth-place *Ill.*
 Occupation *Stone Cutter* Where Residing if not at place of death *—*
 Married, ~~Single~~ *Married* Name of Wife or ~~husband~~ *Catherine*
 Father's Name *Randolph Gouvenal* Father's Birthplace *Ill.*
 Mother's Maiden Name *Margaret Fitzgerald* Mother's Birthplace *Ill.*
 Name of person giving information *William Gouvenal* How related to deceased *Brother*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *one year*
 Immediate *Exhaustion* How long *one week*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Alfred Parsons*
 Address *Dakoma Park Ill.*
 Accident or Suicide? *8*

Mr Rogers

T A Castello

L.M. Moore -
Registries Takoma Park, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

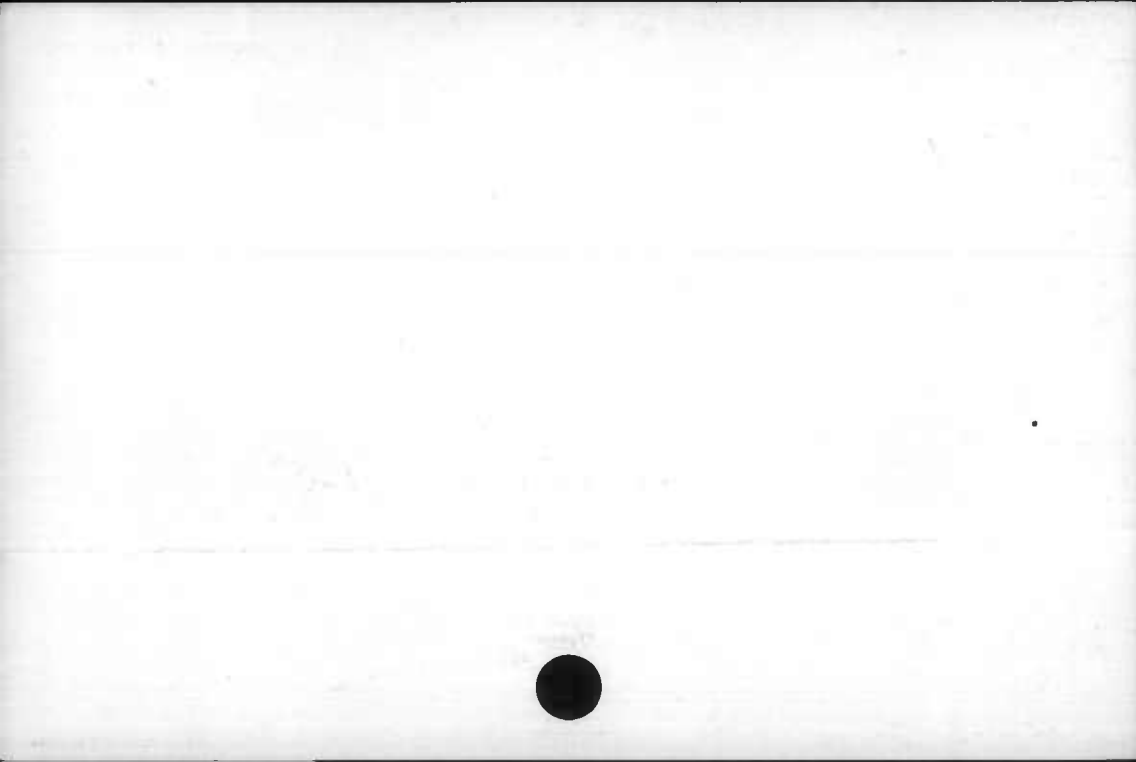
Name *Joseph C. W. Kump* Town *Near Humpston* County *Montgomery* MARYLAND
Died at
Date of death *1960* Month *Jan* Day *6* Age *78* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Mo*
Occupation *Retired* Where Residing if not at place of death
Married, Single or Widowed *Widowed* Name of Wife or Husband *Florence Kump*
Father's Name *Joseph Kump* Father's Birthplace *Mo*
Mother's Maiden Name *Hester Ann Day* Mother's Birthplace *Mo*
Name of person giving Information *Edith Baker* How related to deceased *Daughter*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Haemic Coma* How long *4 days*
Immediate *Pulmonary embolism* How long *8 hrs*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *H. F. Ford M.D.*
Address *Hempden, Md.*
Accident or Suicide ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name: Mrs. Edith A. Kilpatrick
 Died at: Friendship Heights, Bethesda, Montgomery County
 Date of death: 1960 Jan. 21. Age: 39 3 Months 6 Days
 Sex: Female Color or Race: White, American Birthplace: New York City
 Occupation: Housewife Where Residing if not at place of death: New York City
 Married, Single or Widowed: Married Name of Wife or Husband: William B. Kilpatrick
 Father's Name: William B. Giles Father's Birthplace: New York City
 Mother's Maiden Name: Annie E. Drcker Mother's Birthplace: " "
 Name of person giving information: W.B. Kilpatrick How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

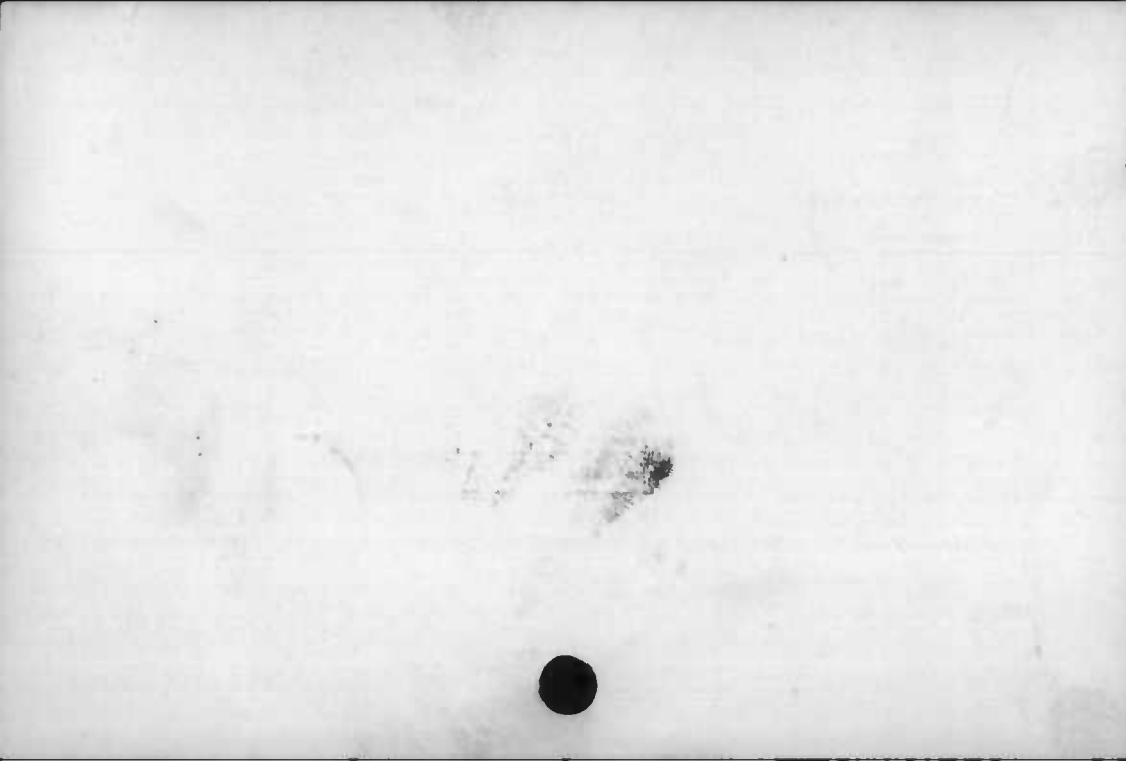
Accident or Suicide?

How long

How long

Signature of Physician

Address



Name
in
Full

No Name

Lee

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Clappers

Montgomery

Date

of death *1960 Jan*

Day

10

Age

Years

Months

Days

21

Sex

Female

Color or
Race

colored

Birth-
place

Clappers

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lamuel M Lee

Father's
Birthplace

*cerchar
Quince*

Mother's
Maiden Name

Burgie A Campbell

Mother's
Birthplace

German town

Name of person giving
Information

Father

How related
to deceased

None

CAUSES OF DEATH

Primary

Unknown

How long

14 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*E. H. Etchison
Gaithersburg
Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucas* Town *Keenington* County *Montgomery* Maryland
Died at
Date of death *1980* Month *July* Day *8* Age *63* Years Months Days
Sex *male* Color or Race *White* Birth-place *md*
Occupation *None* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widowed* Name of Wife or Husband _____

Father's Name *Unknown*

Father's Birthplace *md*

Mother's Maiden Name *Mirandy Blavis*

Mother's Birthplace *md*

Name of person giving Information *Wm J. Nangh*

How related to deceased *half brother*

CAUSES OF DEATH

Primary *Chronic Gastritis*

How long *113* ✓ *one year*

Immediate *Psychosis of the Heart*

How long *one month*

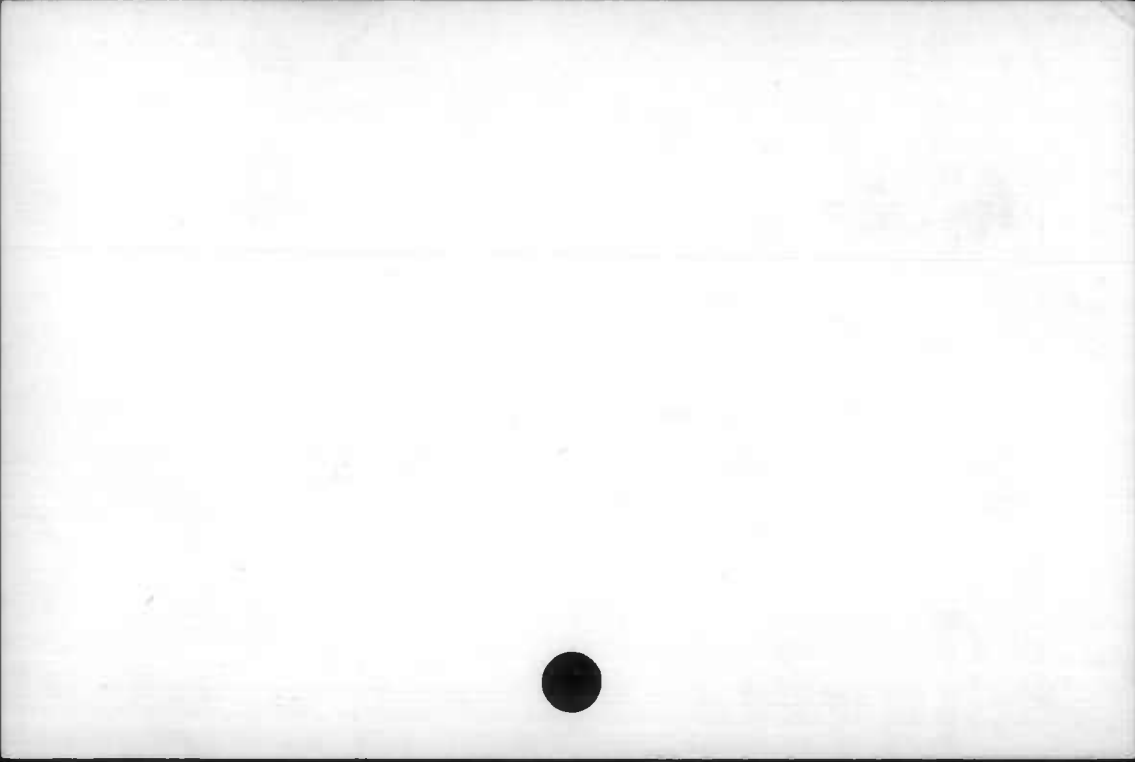
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Reginald Jones*

Address *Keenington*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

James Samuel Magruder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

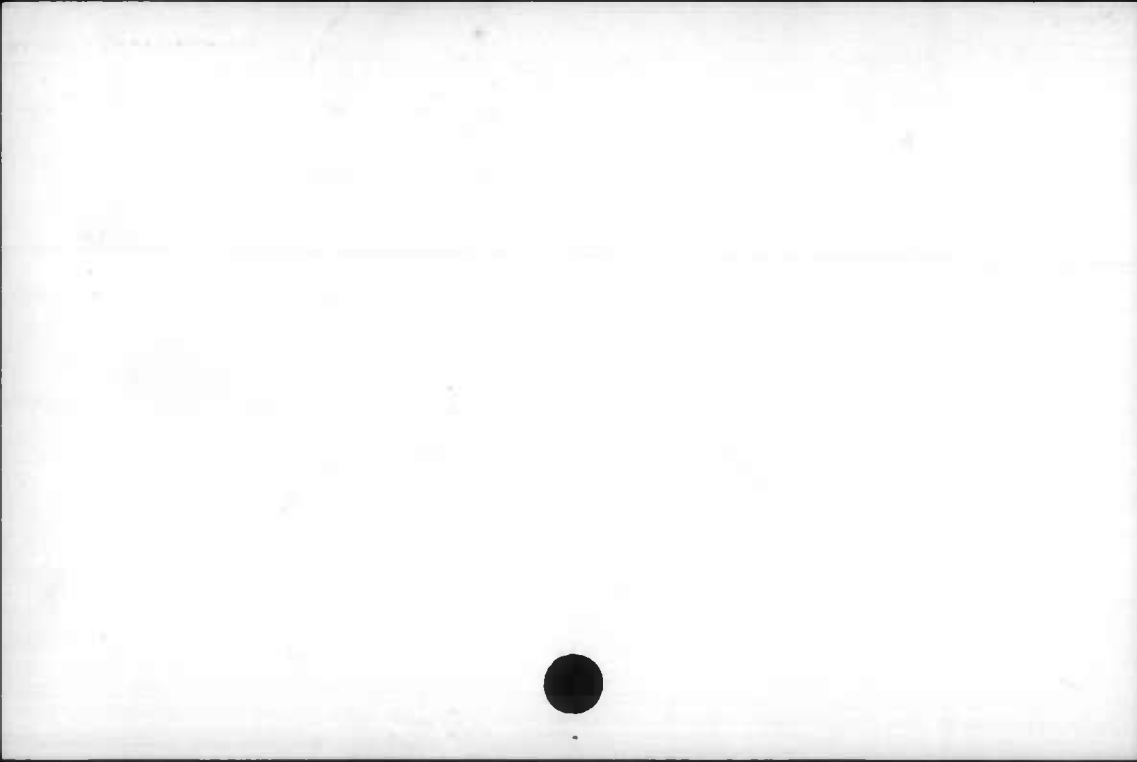
Died at		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		19 <i>40</i>	Month <i>Jan</i>	Day <i>24</i>	Age <i>78</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Magruder</i>				Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Elizabeth Riggs</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Laura Griffith</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>five days</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Vernon H Dyson</i>	
Accident or Suicide <i>—</i>		Address <i>Laytonville</i> <i>Montgomery Co.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maria Meagley

Town *Cherry Chase* County *Montgomery*

Died at *Cherry Chase* *Montgomery* *MARYLAND*

Date of death 19*90* Month *June* Day *18* Age *82* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Corn*

Occupation *None* Where Residing if not at place of death *Cherry Chase Md*

Married, Single or Widowed Name of Wife or Husband *—*

Father's Name *Meagley* Father's Birthplace *Corn*

Mother's Maiden Name *—* Mother's Birthplace *Corn*

Name of person giving Information *Joseph Gawler* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

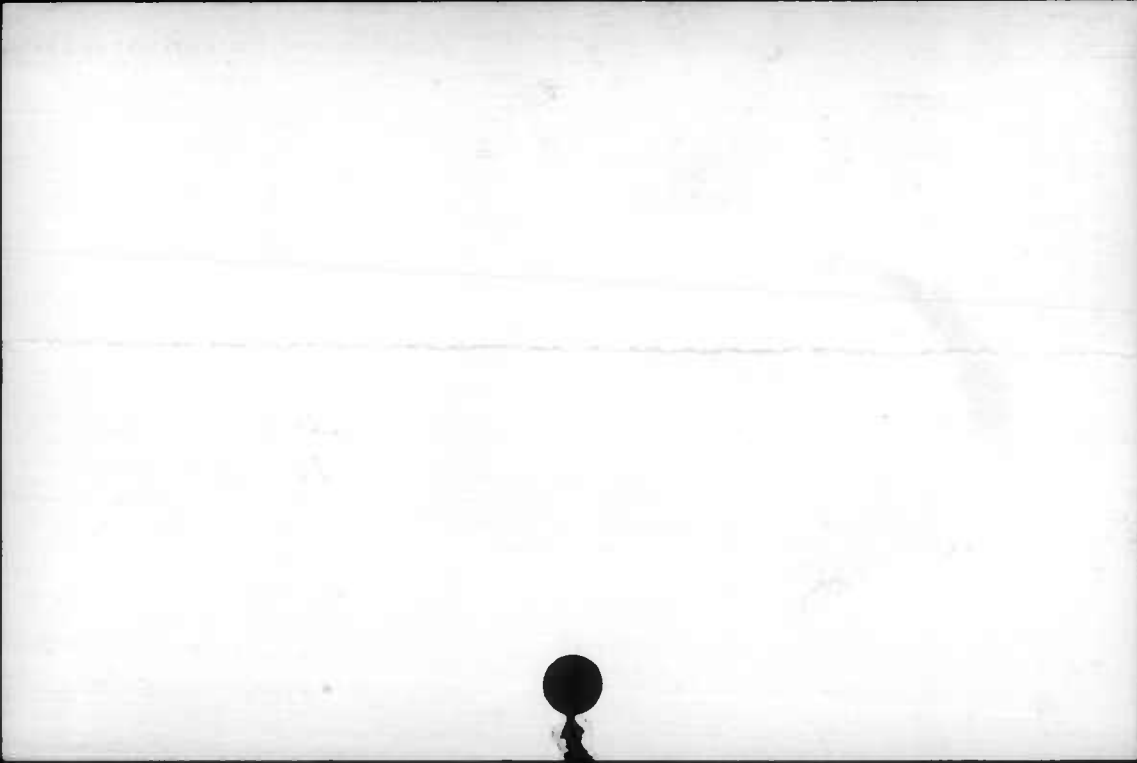
Primary *Atherosclerosis* How long *10 yrs*

Immediate *Acute Cardiac Dilatation* How long *1 wk*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *James E. McKeay*
Address *Wash D.C.*
James D. Morgan
Deputy Health Officer
Cherry Chase Md

Accident or Suicide ☐



Name
in
Full

Mrs. Mary Mincey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mantrose ^{Town} Mantgomery ^{County} **MARYLAND**

Date of death 10 ^{Month} July ^{Day} 31 ^{Years} 82 ^{Months} 6 ^{Days} —

Sex Female Color or Race white Birth-place Unknown

Occupation Housewife Where Residing if not at place of death *

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information — How related to deceased —

CAUSES OF DEATH

Primary Seems of old age

Immediate Exhaustion

154
How long —
How long —

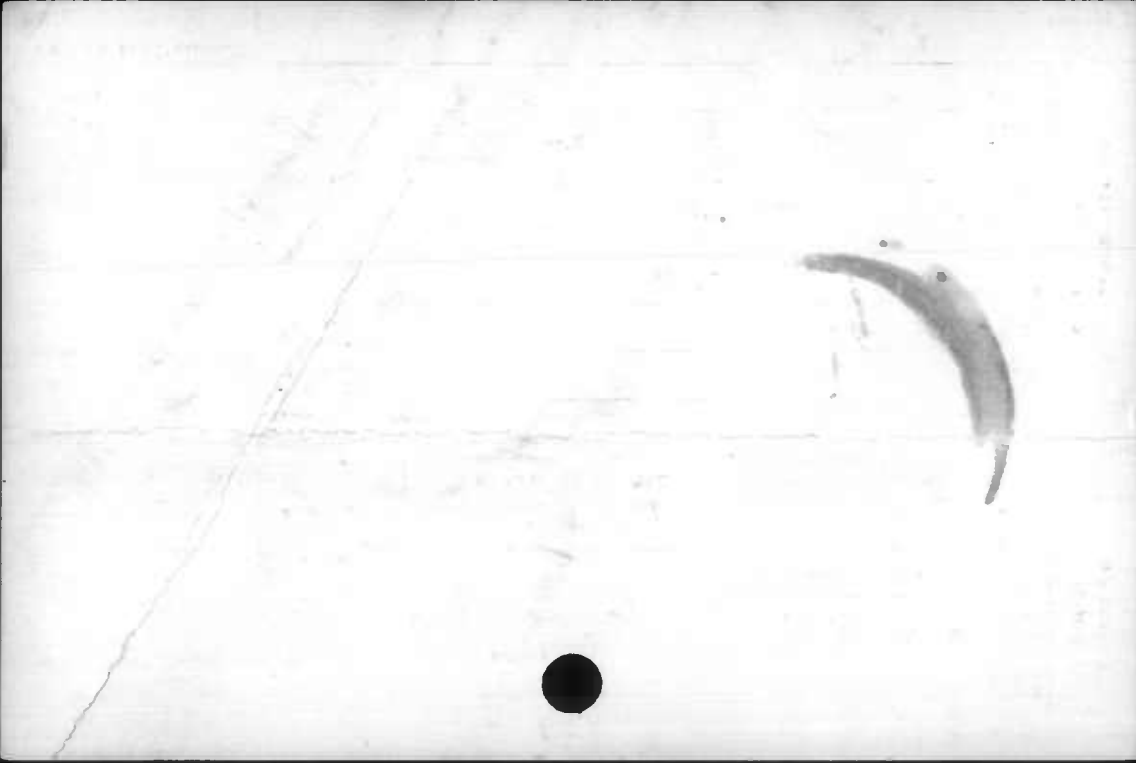
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. M. L. Thoms
Roadrunner
Ind.

Address

Accident or Suicide



Name
in
Full

Bernard Monday, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	19 <i>40</i> <small>Month</small>	<i>Jan'y.</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Long</i>				
Father's Name <i>Bernard Monday</i>	Father's Birthplace <i>Germany</i>				
Mother's Name <i>Mary Oyle Behrens</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Bernard Monday</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Hepatitis and Chronic Parenchymatous Nephritis</i>	How long <i>14 months</i>
Immediate <i>Chronic</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George E. Lane, M.D.</i>
<i>D</i> <small>Accident or Suicide</small>	Address <i>Rockville, Md.</i>

June 6

Name
in
Full

Frank J. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Spencerville Town Montgomery County MARYLAND

Date of death 1900 Month Jan Day 8 Age 68 Years Months Days

Sex Male Color or Race White Birthplace Spencerville

Occupation Farmer Where Residing if not at place of death Spencerville

Married, Single or Widowed Single Name of Wife or Husband Rachel Bonelson

Father's Name Rubin Murphy Father's Birthplace MD

Mother's Maiden Name Kitty Thompson Mother's Birthplace MD

Name of person giving Information Alister Murphy How related to deceased Son

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary Anemic Thorax How long 2 weeks

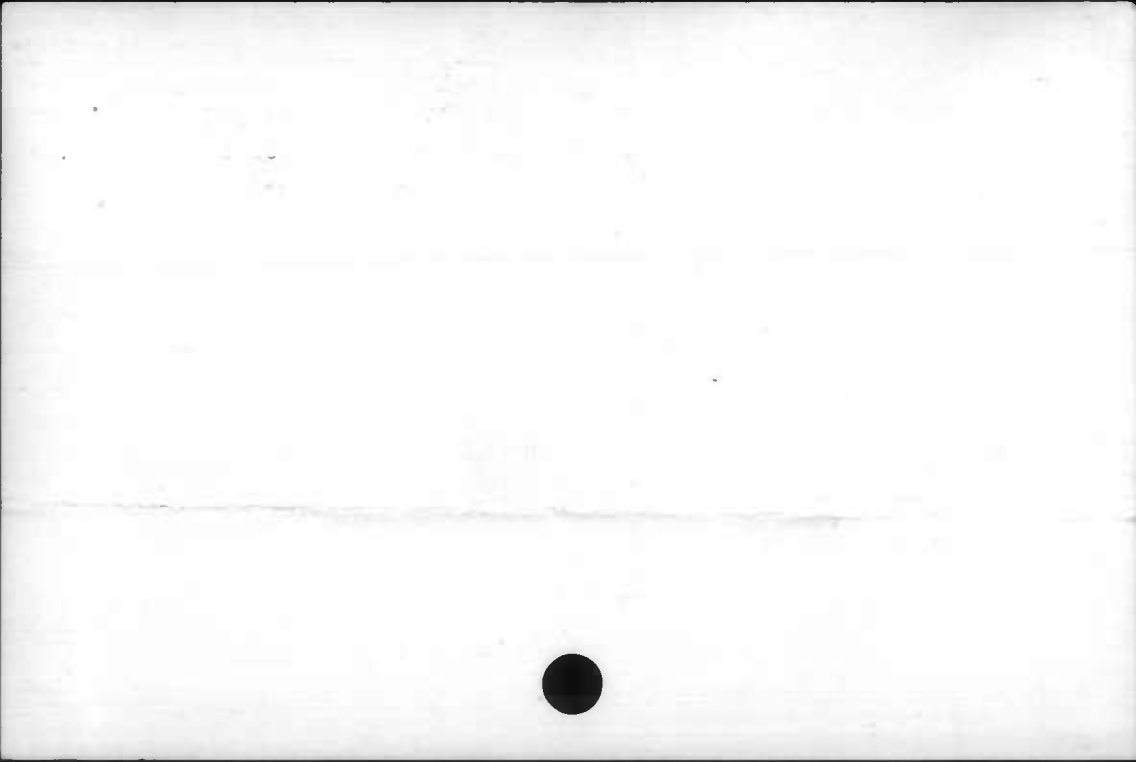
Immediate Heart failure How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. R. Rabin

Address Spencerville

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Tedoshig Murry*
Died at *Gaithersburg* Town *Montgomery* County
Date of death 19*40* Month *1* Day *26* Age *—* Years *9* Months *—* Days *—*
Sex *Female* Color or Race *Colored* Birth-place *Ind*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Columbus Murry* Father's Birthplace *Ind*
Mother's Maiden Name *Hattie Steward* Mother's Birthplace *—*
Name of person giving Information *Columbus Murry* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *5 days*
Exhaustion How long *1 day*
Immediate *—*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *E. C. Etchison* Address *Gaithersburg Ind*
Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

John Willis Nelson

Town

County

MARYLAND

Died at

Sandy Spring Md Montgomery

Date

Month

Day

Year

Months

Days

of death 1960

1

22nd

Age

23

4

0

Sex

Male

Color or
Race

Black

Birth-
place

Ashton Md.

Occupation

Driver

Where Residing if not
at place of death

Baltimore Md

Married, Single
or Widowed

Single

Name of Wife or
Huband

—

Father's
Name

Thomas H. Nelson

Father's
Birthplace

Ashton Md

Mother's
Maiden Name

Patricia Mayfield

Mother's
Birthplace

Ashton Md.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

(28)

L

Primary

Pulmonary Tuberculosis

How long

6 mos.

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. Biers M.D.
Sandy Spring
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Welford Prather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

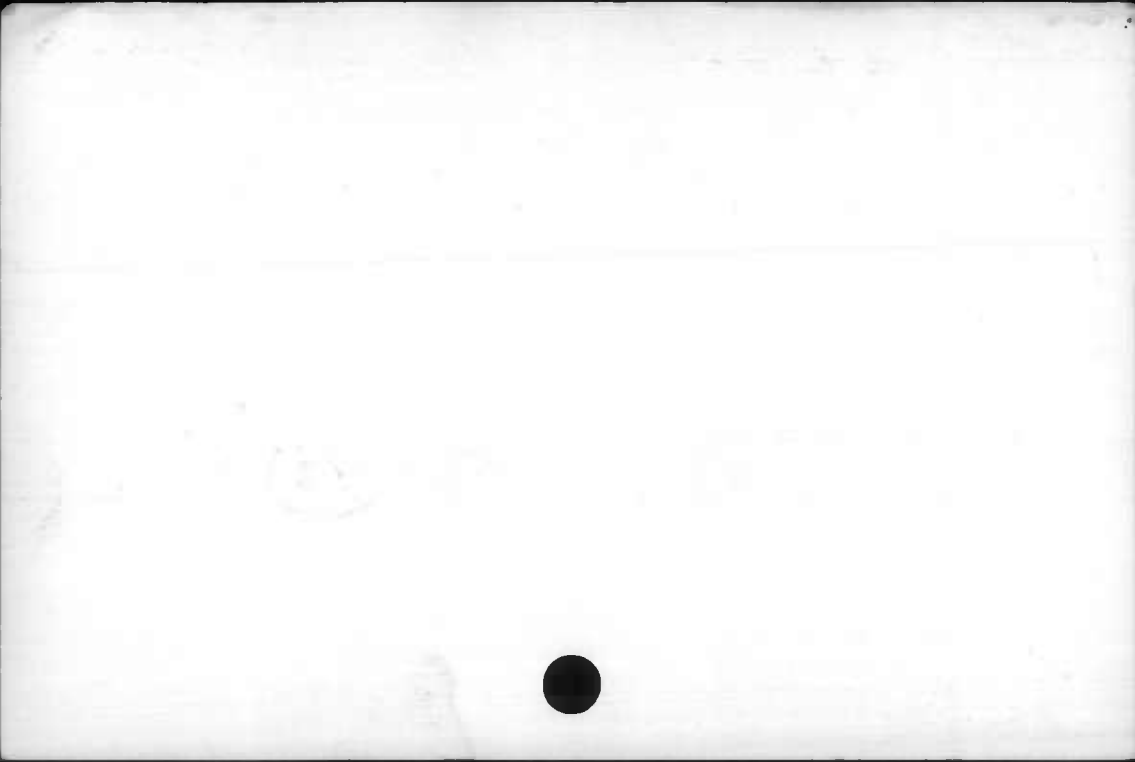
Died at <i>Laytonsville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 19 <i>40</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>1</i>	Years	Months <i>1</i>	Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Howard Prather</i>				Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Rosie Lancaster</i>				Mother's Birthplace <i>Montgomery Co</i>			
Name of person giving Information <i>Howard Prather</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>4 weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Dyson</i>	
		Address <i>Laytonsville Md</i>	
Accident or Suicide <i>—</i>			



Name
in
Full

Edward. & Pauschert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Washington Grove* *Montg* County

Date of death *1900* *1* *16* *Age* *49* *3* *6*

Sex *Male* Color or Race *White* Birth-place *Va.*

Occupation *Machinist* Where Residing if not at place of death *Newport News*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Edward* Father's Birthplace *Prussia*

Mother's Maiden Name *Anna Heiss* Mother's Birthplace *Bavaria*

Name of person giving Information *Flora C. Lash* How related to deceased *Sister*

CAUSES OF DEATH

29 *✓*
How long *many months*
How long *many months*

Primary *Pulmonary Tuberculosis*

Immediate *Pulmonary Tuberculosis*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

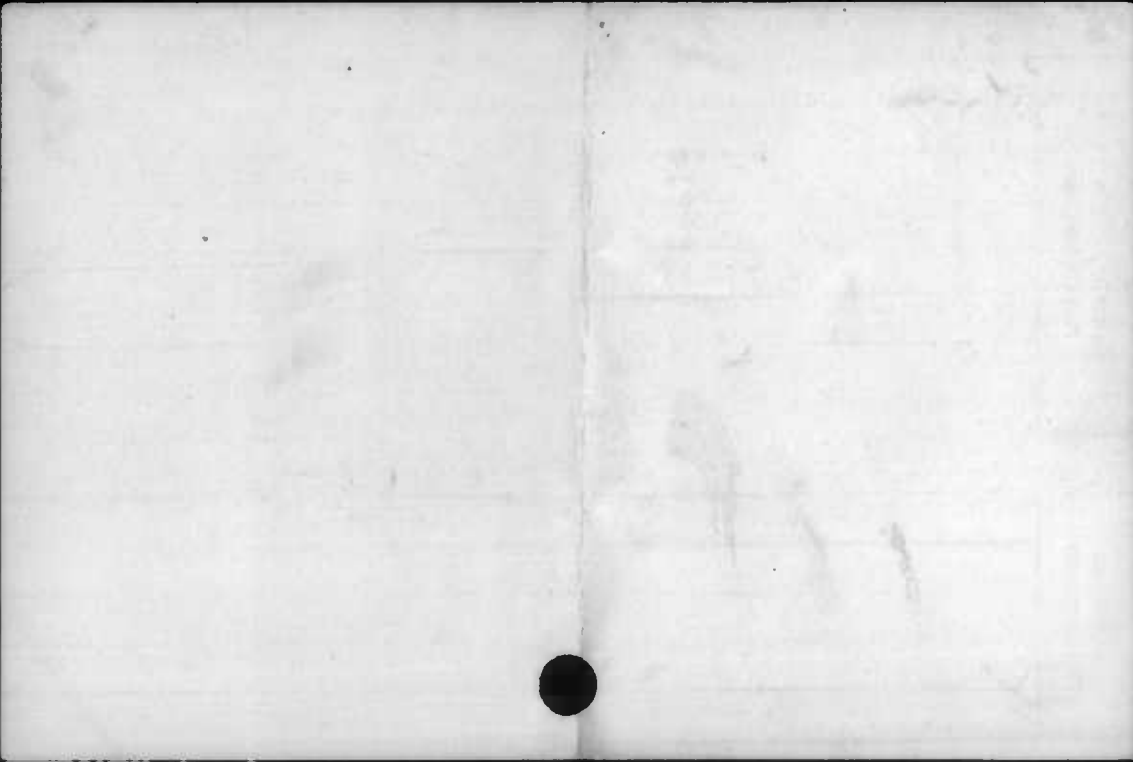
John H. Lindsay
Stormont Station
Washington Grove, Md.

apparently
no
Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Mary C. Roger		Town Rockville		County Montgomery	
Died at		MARYLAND			
Date of death	1900	Month 1	Day 11	Age 76	Years 2
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband Charles B. Roger				
Father's Name James W. Anderson	Father's Birthplace Maryland				
Mother's Maiden Name Mary Minor	Mother's Birthplace Virginia				
Name of person giving information Francis J. Roger	How related to deceased Sister				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	General Debility			How long One year
	Immediate	Exhaustion			How long Two weeks
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Edward Anderson M.D.	
	X			Address Rockville, Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

William S. Shuckells

Town

County

MARYLAND

Died at Damascus

Date of death 1901

Month

Day

Years

Months

Days

Jan

31

Age

70

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Blacksmith

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rachel A. Shuckells

Father's
Name

Richard Shuckells

Father's
Birthplace

MD

Mother's
Maiden Name

Julia Hilton

Mother's
Birthplace

MD

Name of person giving
Information

Rubin E. Shuckells

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Exhaustion

How long

6 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

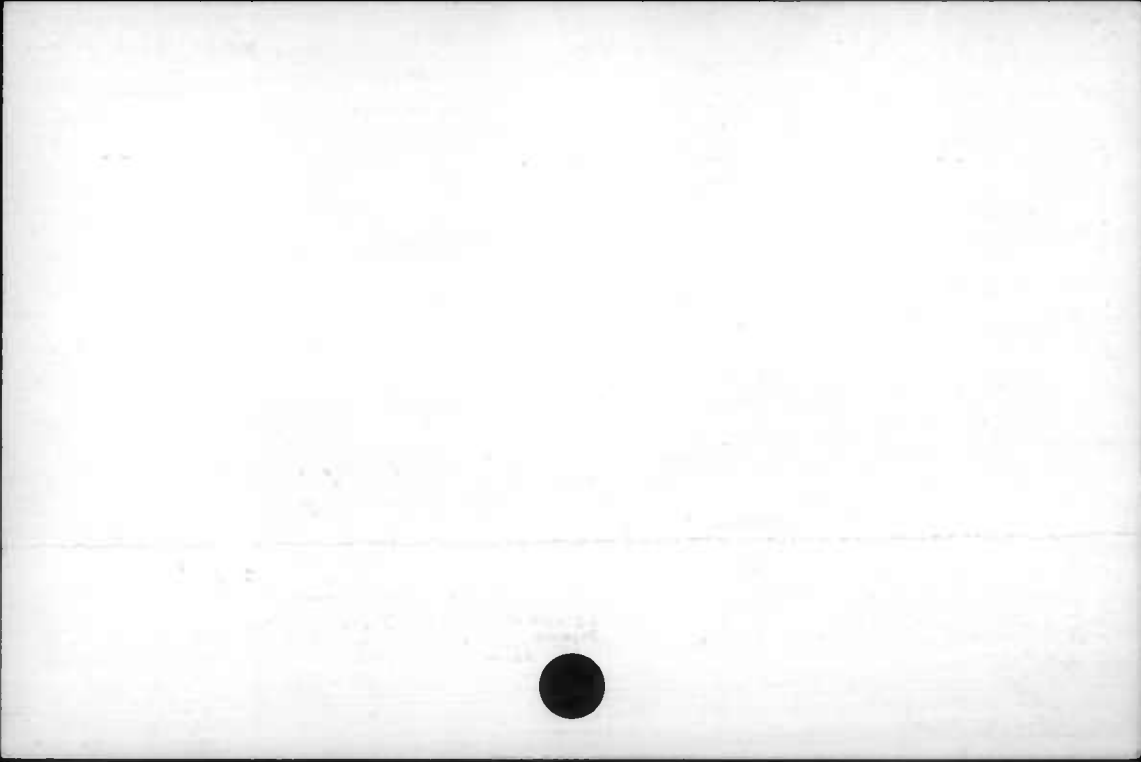
Address

R. B. Frazier
Kempson
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Philip Stephenson*
Town *Laurelburg* County *Montgomery*

MARYLAND

Died at *Laurelburg*

Date of death 19*60* Month *1* Day *14* Age *7 1/2* Years

Months Days

Sex *Male* Color or Race *Colored* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lucy Stephenson*

Father's Name *Philip Stephenson* Father's Birthplace *Unknown*

Mother's Maiden Name *May McEater* Mother's Birthplace *MD*

Name of person giving Information *Lucy Stephenson* How related to deceased *Wife*

CAUSES OF DEATH

92

Primary *Pneumonia* How long *10 Days*
Exhaustion How long *3 Days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. C. Eitchison*

Address *Laurelburg MD*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Robert Irvine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

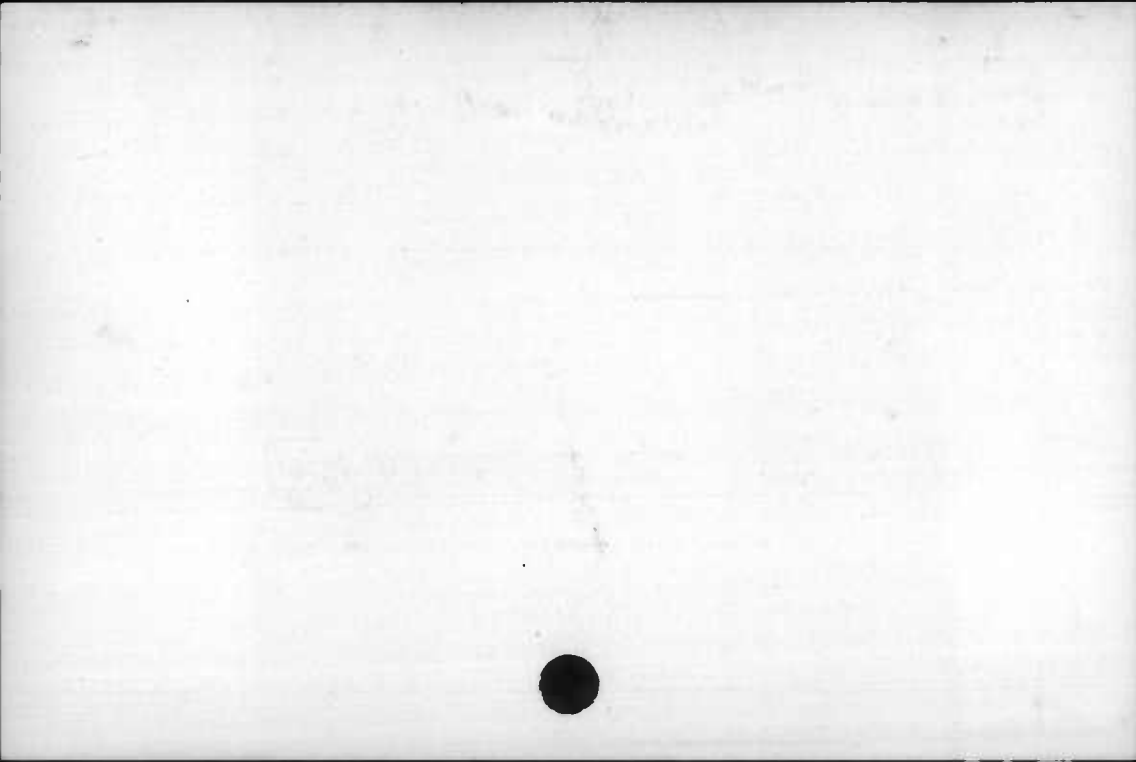
Died at <i>near Rockville</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>1</i>	Day <i>28</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>X</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Nan Baker</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Martha Hall</i>	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Three years</i>
Immediate <i>Paralysis</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edmond Anderson, M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Robert Edward Whittemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Washington Grove		Montgomery		
Date of death	190 ⁰	Month	Day	Age	Years
	January		2	38	
Sex	Male	Color or Race	W	Birth-place	Norfolk, Va
Occupation	Wall paper business	Where Residing if not at place of death	Norfolk		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Parke E. Whittemore	Father's Birthplace	Ireland		
Mother's Maiden Name	Elizabeth May.	Mother's Birthplace	England		
Name of person giving Information	Joseph F. Whittemore	How related to deceased	Brother		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	many months
Immediate	Uræmia	How long	few days
Are the name, age, sex, color, date and place correctly given above?	approximately	Signature of Physician	John S. Lindsey
Accident or Suicide	No	Address	Washington Grove, Maryland.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cornelius Hilson

Died at *Laithersburg*

County *Md*

MARYLAND

Date
of death *1906*

Month *1*

Day *27*

Age *4*

Years

Months

Days

Sex *Male*

Color or
Race *Colored*

Birth-
place *Md*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name *Cornelius Hilson*

Father's
Birthplace *Md*

Mother's
Maiden Name *Bessie Miles*

Mother's
Birthplace

Name of person giving
Information *James Miles*

How related
to deceased *Gr. Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

1 Week

Immediate

Exhaustion

How long

1 Day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. C. Etchison

Address

Laithersburg

Accident or Suicide

PHYSICIAN
OR CORONER

